

# Moving Toward Zero Suicides In Idaho



Report to Governor C.L. "Butch" Otter  
December 2014

Idaho Council on Suicide Prevention  
Linda Hatzenbuehler, Chair

**Cover Acknowledgement**

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## **IDAHO COUNCIL ON SUICIDE PREVENTION 2014 REPORT TO THE GOVERNOR**

### **Executive Summary**

As indicated in the original Executive Order, established by Governor Otter in 2010, the purpose of the Idaho Council on Suicide Prevention (ICSP) is to:

- A. Oversee the implementation of the Idaho Suicide Prevention Plan;
- B. Ensure the continued relevance of the Plan by evaluating implementation and developing changes and new priorities to update the Plan;
- C. Be a proponent for suicide prevention in Idaho; and
- D. Prepare an annual report on Plan Implementation for the Governor and Legislature.

The ICSP was developed because death by suicide remains a significant public health concern in Idaho as indicated by the following statistics:

1. Idaho consistently ranks among the top 10 states in the country with the highest number of completed suicides per capita. In 2013, 308 people completed suicide in Idaho, an increase from 2012.<sup>i</sup>
2. In the five years from 2009 through 2013, 85 youth age 18 and younger and 134 youth age 19 – 24 died by suicide in Idaho. The Idaho Youth Risk Behavior Survey consistently shows that 1 out of 7 Idaho high school students report seriously considering suicide, 1 out of 8 has a suicide plan and 1 out of 14 has attempted suicide.<sup>ii</sup>
3. The annual cost of suicide attempts in Idaho is estimated at \$36 million. The annual financial burden of completed suicides in Idaho is estimated at over \$850,000 in medical care alone and \$343 million in total lifetime productivity lost.<sup>iii</sup>

This annual report documents and summarizes the events that have occurred during the past year addressing the implementation of strategies by partner agencies and groups addressing the goals of the 2011 Idaho Suicide Prevention Plan. The executive summary also documents some of the activities completed by the Council itself. Full reports of partner groups follow the Executive Summary.

The 2014 calendar year witnessed several very significant changes and accomplishments by the ICSP itself. The ICSP sponsored training by the Western Interstate Commission for Higher Education (WICHE) on implementing suicide prevention strategies into primary care. Physician and provider at St. Lukes Hospital participated in the event. In May, the founding chair of the Council, Kathie Garrett, stepped down, and Dr. Linda Hatzenbuehler, a long-time member of the Idaho Planning Council on Mental Health, was appointed Chair. In addition to a new chair, several other members of the Council completed their three-year terms or left the Council for other reasons, and new members were recruited and officially appointed in August. A current membership list is attached to this report. In August, a new Executive Order was issued establishing the Council, as the original Executive Order had expired. The new Executive Order included a minor change concerning regional representation of members. During the annual meeting, the strategic plan developed in 2011 was reviewed. In particular, the goals in the 2011 plan were reviewed, and it was the consensus of all present that the 2011 goals, as established,

remain solid. The Council will be updating the data contained in the plan and certain sections of the plan where significant progress had been made. Highlights of the partner reports for 2014 are organized according to the goals of the 2011 plan.

One major event that occurred during the past year was an invitation for the Council to report to the Health Quality Planning Commission (HQPC). The Council's initial contact with the HQPC occurred in July, with subsequent meetings this Fall. St. Alphonsus Regional Medical Center and United Way of Treasure Valley then organized a suicide prevention round table, in October, which provided additional information to the HQPC for potential legislative action. The outcome of the contacts between the Council and HQPC was the recommendation that a concurrent resolution be submitted to the 2015 Idaho Legislature for approval. The resolution would establish a mechanism for implementing a system of care that prioritizes and implements the Idaho Suicide Prevention Plan.

### **Idaho Suicide Prevention Plan Implementation 2014 Highlights**

#### **GOAL 1: PUBLIC AWARENESS**

Idahoans understand that suicide is preventable and accept responsibility for their role in suicide prevention.

- A teen suicide prevention and mental health discussion was held in the Treasure Valley, in April 2014. Fifteen teens attended the facilitated session.
- The Idaho Lives Project (ILP) received the Garrett Lee Smith Memorial Act (GLSMA), administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), for training youth, school staff, community adults, along with mental health providers, in effective response to suicidal youth.
- The Idaho Lives Project awareness directly to over 7,700 individuals and indirectly to over 133,000 through radio and other promotional materials.
- The Boise Veterans Administration Medical Center (VAMC) organized the VA Mental Health Summit in August 2014: "Expect Recovery." Approximately 100 community members attended the conference.
- The VAMC presented "Suicide and the Elderly," at the Idaho Summit on Elder Abuse and Exploitation, in Boise, in June 2014.

#### **GOAL 2: ANTI-STIGMA**

Idahoans understand and accept that seeking help for mental health issues is to be encouraged and supported.

- The Shoshone-Bannock Tribes hosted the first annual "Walk for Life" suicide awareness/prevention activity.
- The Idaho Lives Project awareness directly to over 7,700 individuals and indirectly to over 133,000 through radio and other promotional materials.
- In an upstream approach to anti-stigma and help-seeking, the Idaho Lives Project trained 417 Idaho middle and high school students in Sources of Strength impacting over 8,400 students statewide.

### **GOAL 3: GATEKEEPER EDUCATION**

The education of professionals and others working with people at risk for suicide include effective suicide prevention curricula and ongoing gatekeeper and other suicide prevention training.

- The Idaho State Prevention and Support Conference, hosted by the State Department of Education (SDE), featured Dr. Scott Polland, premier expert on school violence, crisis and suicide prevention. Participants included school counselors, teachers, administrators, resource officers and community stakeholders.
- The Idaho Lives Project awareness directly to over 7,700 individuals and indirectly to over 133,000 through radio and other promotional materials.
- The VAMC presented on suicide prevention and intervention at the National Chaplain's Conference, in Twin Falls, Idaho, June 2014.
- The Idaho Basic Juvenile Probation Officer Academy has enhanced their curriculum in suicide prevention.
- The National Alliance on Mental Illness (NAMI) Idaho held "Question, Persuade, Refer" (QPR) training during their annual conference in Coeur d'Alene. Twenty-five individuals were trained on warning signs and referral techniques for use in their communities.

### **GOAL 4: BEHAVIORAL HEALTH PROFESSIONAL READINESS**

Mental health and substance abuse treatment professionals are trained to use current, appropriate, and recommended practices for assessing and treating individuals who show signs of suicide risk.

- The Western Interstate Commission for Higher Education (WICHE) provided training for primary care health professionals in suicide prevention activities at St. Luke's Hospital
- SPAN Idaho Region 6 and the Idaho Lives Project provided expert clinical suicide assessment and management training by Dr. M. David Rudd to 535 behavioral health providers statewide.
- SPAN Idaho brought Dr. Thomas Joiner, one of the world's leading experts in suicide prevention, to a conference attended by mental health professionals, clergy, school personnel, survivors, law enforcement and community leaders.
- The Department of Health and Welfare Division of Behavioral Health through its Quality Assurance unit has implemented new requirements for risk assessment training.

### **GOAL 5: COMMUNITY INVOLVEMENT**

Community leaders and stakeholders develop and implement suicide prevention activities that are current, recommended and culturally appropriate that are specific to their regions and communities.

- The SDE provided a "Safe Schools in Idaho" seminar for law enforcement and school officials which covered general principles of threat assessment in schools.
- SPAN Idaho developed a SPAN chapter at Fort Hall.

- The Speedy Foundation, in cooperation with Optum Idaho, is offering free Mental Health First Aid (MHFA) training courses throughout the state.

#### **GOAL 6: ACCESS TO CARE**

Crisis intervention and behavioral health services, including mental health and substance abuse treatment, are widely available, culturally appropriate, accessible, and valued by communities.

- Idaho's first community crisis center was funded and developed in Bonneville County (Idaho Falls). The crisis center has been modeled on the best practices of other states where similar crisis centers have succeeded, and will follow Idaho Administrative Rule 16.07.30. It will operate around the clock, every day of the year and it is available to provide evaluation, intervention and referral for people experiencing a crisis because of serious mental illness or substance use disorder. The Behavioral Health Crisis Intervention Center of Eastern Idaho officially opened its doors on December 12, 2014. The ribbon cutting ceremony occurred on Monday, December 15, 2014.
- Peer support services are being offered as a Medicaid benefit and will increase access to mental health care. 176 individuals completed Certified Peer Specialist training and will add to the mental health workforce throughout the state.
- The Department of Health and Welfare, Division of Behavioral Health Quality Assurance unit requests that Root Cause Analysis (RCA) be completed by Regional Mental Health Programs for deaths within 30 days of service with action plan follow up.

#### **GOAL 7: SURVIVOR SUPPORT**

Information and services are in place in all regions of Idaho to support survivors and others affected by suicide in a sensitive and culturally appropriate manner.

- A new survivor support group was developed at Fort Hall
- The Idaho Lives Project conducted an all-day survivor support group facilitator training for 10 facilitators statewide by survivor support expert, Joan Schweizer Hoff of the Dougy Center.
- A Survivor support video is now available on a resources website.

#### **GOAL 8: SUICIDE PREVENTION HOTLINE**

An Idaho statewide suicide prevention hotline is established and funded.

- The Idaho Suicide Prevention Hotline (ISPH) trained 40 volunteers in using the Applied Suicide Intervention Skills Model (ASIST).
- The ISPH now has phone response capabilities available 24/7.
- All tribes in Idaho received suicide hotline information through the Indian Health Service Center and the community.

#### **GOAL 9: LEADERSHIP**

The Idaho Council on Suicide Prevention oversees suicide prevention activities at all levels, as guided by the Idaho Suicide Prevention Plan, and works in collaboration with a

lead Idaho state government agency that is responsible for Idaho's suicide prevention and intervention efforts.

- The Idaho Council on Suicide Prevention (ICSP) participated in a presentation to the Health Quality Planning Commission (HQPC) and a roundtable, sponsored through St. Alphonsus Regional Medical Center, which will lead to a proposal for a concurrent resolution addressing suicide prevention system of care implementation in Idaho.

#### **GOAL 10: DATA**

Data are available on which to make decisions regarding suicide prevention services.

- The SDE, Office of Drug Policy and Department of Health & Welfare developed the 2014 Idaho Youth Prevention Survey (IYPS), which gleaned valuable information about students at risk for suicide and other unhealthy behaviors.
- The Idaho Lives Project collected and reported quantitative and qualitative data relating to its seven project goals including those related to 97 trainings of over 2,900 individuals.
- Regional Mental Health Programs, Optum Idaho and BPA report deaths by suicide of clients who received a service.
- In August 2014, the Idaho Department of Health and Welfare, Bureau of Vital Records and Health Statistics published the Idaho Vital Statistics Suicide Report with data focused on the five-year period of 2009-2013. The report can be found at: <http://www.healthandwelfare.idaho.gov/Portals/0/Users/074/54/1354/Suicide%20Report%202013.pdf>

In summary, 2014 witnessed multiple successful grassroots efforts to address the incidence of deaths by suicide in Idaho. Much work needs to be done to implement more comprehensive strategies to address this significant public health issue. Policies need to be in place which promote evidence-based suicide prevention efforts aimed at multiple sectors of our communities: schools, law enforcement, health and mental health providers and systems, and the media. The ICSP pledges to work diligently to decrease the number of our citizens who die by suicide.

Respectfully submitted,



Linda C. Hatzenbuehler, Ph.D., ABPP  
Chair

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<sup>i</sup> Idaho Bureau of Vital Records and Health Statistics

<sup>ii</sup> State Department of Education, YRBS, 2013

<sup>iii</sup> Kirkwood, A. Idaho Suicide Prevention Hotline Report, Institute of Rural Health, Idaho State University, 2010



# **Idaho Council on Suicide Prevention**

## **2014 Council Members**

**Krissy Broncho**  
Native American  
Fort Hall, ID

**Pam Catt-Oliason**  
Commission on Aging  
Boise, ID

**Dieuwke Dizney-Spencer**  
Department of Health and Welfare  
Boise, ID

**Kathie Garrett**  
NAMI Idaho  
Meridian, ID

**Jeni Griffin**  
SPAN Idaho  
Idaho Falls, ID

**Linda Hatzenbuehler, Chair**  
Idaho State University  
Pocatello, ID

**Karen Hostetter**  
Department of Education  
Boise, ID

**Kim Kane**  
Idaho Lives Project  
Boise, ID

**Heidi Lasser**  
Department of Health and Welfare  
Boise, ID

**Matt Olsen**  
Bannock County Juvenile Justice  
Pocatello, ID

**Catherine M. Perusse**  
NAMI Board  
Sandpoint, ID

**Linda Peterson**  
Survivor  
Boise, ID

**Mary Pierce**  
Boise Veterans Affairs  
Midvale, ID

**John Reusser**  
Idaho Suicide Prevention Hotline  
Boise, ID

**Neva Santos**  
Idaho Academy of Family Physicians  
Boise, ID

**Laura Senderowicz**  
Ada County Sheriff's Office  
Boise, ID

**Amanda Wester**  
Youth Representative  
Boise, ID

**Stewart Wilder**  
Survivor  
Boise, ID

**John Goedde**  
State Senator  
Coeur d'Alene, ID



Executive Department  
State of Idaho

The Office of the Governor  
EXECUTIVE DEPARTMENT  
STATE OF IDAHO  
BOISE

State Capitol  
Boise

**EXECUTIVE ORDER NO. 2014-08**

**ESTABLISHING THE IDAHO COUNCIL ON SUICIDE PREVENTION  
REPEALING AND REPLACING EXECUTIVE ORDER NO. 2010-12**

*WHEREAS, Idaho's suicide rate is consistently higher than that of the United States as a whole; and*

*WHEREAS, in 2013, suicide was the second leading cause of death for Idahoans aged 10-34 and for males aged 10-34 and for females aged 15-24; and*

*WHEREAS, in 2013, 308 people completed suicide in Idaho, a 3-percent increase over 2012, and an 8.5-percent increase over 2011; and*

*WHEREAS, suicide is particularly devastating, especially in the rural areas of Idaho;*

*NOW, THEREFORE, I, C.L. "BUTCH" OTTER, Governor of the State of Idaho, by virtue of the powers and authority vested in me by the Constitution and laws of this state, do hereby establish the Idaho Council on Suicide Prevention.*

*I. The Council's responsibilities shall be:*

- A. To oversee the implementation of the Idaho Suicide Prevention Plan;*
- B. To ensure the continued relevance of the Plan by evaluating implementation and developing changes and new priorities to update the Plan;*
- C. To be a proponent for suicide prevention in Idaho; and*
- D. To prepare an annual report on Plan Implementation for the Governor and Legislature.*

*II. The Governor shall appoint all members of the Council with state regional representation in mind. The Council shall include representatives from:*

- A. The Office of the Governor;*
- B. The Idaho State Legislature;*
- C. The Department of Health and Welfare;*
- D. The Department of Education or School Districts;*
- E. Juvenile justice;*
- F. Adult corrections;*
- G. SPAN Idaho;*
- H. The mental health profession;*
- I. The National Alliance for the Mentally Ill or another mental health advocacy group;*
- J. Suicide bereavement and attempt survivors;*
- K. An Idaho tribe;*
- L. Idaho youth;*
- M. The Commission on Aging or Aging Services;*
- N. The military, a veteran or the Division of Veterans Services;*
- O. Organizations engaged in suicide prevention and awareness activities; and*
- P. Various regions of Idaho.*

*III. Council member shall:*

- A. Serve for a term of three (3) years;*
- B. The Governor shall appoint the Chair of the Council;*
- C. The Council shall meet in person annually; and*
- D. The Council shall not exceed twenty (20) members.*



A handwritten signature in cursive script, reading "Ben Ysursa".

BEN YSURSA  
SECRETARY OF STATE

*IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho at the Capitol in Boise on this 2<sup>nd</sup> day of September in the year of our Lord two thousand and fourteen, and of the Independence of the United States of America the two hundred thirty-ninth and of the Statehood of Idaho the one hundred twenty-fifth.*

A handwritten signature in cursive script, reading "C.L. 'Butch' Otter".

C.L. "BUTCH" OTTER  
GOVERNOR



### Suicide in Idaho: Fact Sheet October 2014

- Suicide is the 2<sup>nd</sup> leading cause of death for Idahoans age 15-34 and for males age 10-14. (The leading cause of death is accidents.)
- Idaho is consistently among the states with the highest suicide rates. **In 2012 (the most recent year available) Idaho had the 8th highest suicide rate, 44% higher than the national average.**
- In 2013, 308 people completed suicide in Idaho; a slight increase from 2012.
- Between 2009 and 2013, 79% of Idaho suicides were by men.
- In 2013, 65% of Idaho suicides involved a firearm. The national average is 51%.
- 15.8% (1 in 7) of Idaho youth attending regular public and charter high schools reported seriously considering suicide in 2013. 7.0% (1 in 14) reported making at least one attempt.
- Between 2009 and 2013, 85 Idaho school children (age 18 and under) died by suicide. Fifteen of these were age 14 and under.
- It is estimated that suicide attempts in Idaho result in \$36 million in costs annually. Idaho's costs for suicide completions annually is over \$850,000 in medical care alone, and \$343 million in total lifetime productivity lost.
- In 2012, there were 40,600 deaths by suicide in the United States, an average of 1 person every 13 minutes.

#### Idaho Resident Suicides by Region – 2013

Region	Anchor City	Suicides	Rate (per 100,000)	Population	Tot. # suicides	
					2009-2013	5-yr Avg Rate
1	Coeur d'Alene	41	18.8-	217,551	234	21.8
2	Lewiston	18	16.9-	106,588	105	19.8
3	Nampa	56	21.3*	263,411	228	17.8
4	Boise	77	16.8-	459,035	353	15.9
5	Twin Falls	41	21.7*	188,860	195	21.0
6	Pocatello	44	26.1*	166,138	175	21.1
7	Idaho Falls	31	14.7-	210,553	198	19.1

\* increase from 2012, - decrease from 2012

#### Idaho Suicides by Age/Gender 2009-13 Over 5 year period

Age	Total	Male	Rate	Female	Rate
< 15	15	12	4.0	3	1.1
15-24	219	172	29.8	47	8.5
25-34	202	168	31.3	34	6.6
35-44	262	193	39.4	69	14.5
45-54	321	244	47.9	77	15.0
55-64	243	184	40.0	59	12.6
65-74	119	103	36.1	16	5.4
75-84	68	63	44.8	5	3.0
85+	39	34	72.3	5	6.0

#### Method 2009-13 (all ages)

Firearm	64.95%
Poisoning	17.5%
Suffocation	12.3%
Cut/Pierce	.7%
Fall	1.3 %
Other	3.2%

#### Idaho Suicide Rates 2001 – 2013

Year	Number	ID Rate	US Rate
2001	213	16.1	10.8
2002	203	15.1	11.0
2003	218	16.0	10.9
2004	239	17.2	11.1
2005	225	15.7	11.8
2006	218	14.9	11.2
2007	220	14.7	11.5
2008	251	16.7	11.9
2009	307	19.9	12.0
2010	209	18.5	12.4
2011	284	17.9	12.7
2012	299	18.7	12.9
2013	308	19.1	n/a

## Idaho Youth Risk Behavior Survey 2013 – Regular Public and Charter High School Students

<u>Grade</u>	<u>Sad or Hopeless</u>	<u>Suicidal</u>	<u>Plan</u>	<u>Attempt</u>	<u>Medical Care For Attempt</u>
9 <sup>th</sup>	28.4%	18.2%	12.8%	8.3%	2.8%
10 <sup>th</sup>	27.8	14.4	12.7	7.6	3.0
11 <sup>th</sup>	31.	15.3	11.9	6.8	2.0
12 <sup>th</sup>	29.3	14.9	14.3	5.7	1.9
Idaho Overall	29.4	15.8	13.0	7.0	2.5

### Idaho Suicide Rate by County

#### 5-year total number and 5-year average annual rate 2009-2013

(resident suicides per 100,000 people)

<u>County</u>	<u>Number</u>	<u>Rate</u>	<u>County</u>	<u>Number</u>	<u>Rate</u>
Ada	305	15.4	Gem	16	20.5
Adams	4	15.9	Gooding	15	18.7
Bannock	101	23.2	Idaho	16	17.5
Bear Lake	7	27.1	Jefferson	24	17.2
Benewah	9	19.5	Jerome	31	26.5
Bingham	38	16.0	Kootenai	140	19.7
Blaine	23	18.6	Latah	23	10.2
Boise	12	27.9	Lemhi	14	48.3
Bonner	46	24.4	Lewis	5	26.5
Bonneville	105	20.9	Lincoln	6	20.1
Boundary	17	31.2	Madison	10	4.2
Butte	3	28.6	Minidoka	12	16.3
Camas	2	36.0	Nez Perce	51	26.0
Canyon	170	15.9	Oneida	4	19.0
Caribou	9	23.3	Owyhee	8	15.9
Cassia	18	12.5	Payette	19	14.0
Clark	4	42.9	Power	4	10.3
Clearwater	10	23.7	Shoshone	22	29.8
Custer	12	46.5	Teton	15	30.9
Elmore	28	16.7	Twin Falls	88	22.2
Franklin	12	15.7	Valley	8	17.2
Fremont	11	18.6	Washington	11	17.7
			<b>Idaho (total)</b>	<b>1,488</b>	<b>18.8 (5-year average)</b>

Note: Rates for many counties are based on fewer than 20 deaths. Caution is advised when interpreting rates based on small numbers.

Sources: Idaho Bureau of Vital Records and Health Statistics,  
Idaho Department of Health and Welfare,  
Center for Disease Control and Prevention  
Ann Kirkwood, Idaho Suicide Prevention Hotline Report, Idaho State University, Institute of Rural Health, 2010  
State Department of Education, YRBS Idaho, 2013

Compiled by Jeni Griffin, Executive Director, SPAN Idaho  
Special Thanks to Pam Harder, Research Analyst Supervisor, Bureau of Vital Records and Health Statistics

**Partner Reports**  
*Accomplishments in Suicide Prevention*



**United States Department of Veterans Affairs**

**Boise Veterans Affairs Medical Center**

**Suicide Prevention Program**

The Veterans Affairs' basic strategy for suicide prevention is to provide ready access to high quality mental health (and other health care) services supplemented by programs designed to help individuals and families engage in care and to address suicide prevention in high risk patients. Outreach, education and participation on community boards are also critical aspects of the Boise VAMC suicide prevention program.

- The Suicide Prevention Coordinator ensures suicidal Veterans receive the appropriate services. In the last 12 months 217 Idaho Veterans were connected to the Suicide Prevention Coordinator by Veterans Crisis Line consults, community hospitals, various social welfare agencies, families and friends, and have been connected with VA Services.
- Screening and assessment processes have been set up throughout the system to assist in the identification of Veterans at risk for suicide. A chart "flagging" system has been developed to assure continuity of care and provide awareness among providers. Veterans who have been identified as being at high risk receive an enhanced level of care, including missed appointment follow-ups, safety planning, weekly follow-up visits and care plans that directly address their suicidality. In the last 12 months 84 Idaho Veterans have been identified as High Risk for Suicide with one High Risk Veteran suicide.
- The Suicide Prevention Coordinator and VA Mental Health staff provide community outreach that includes education on veterans mental health issues, suicide prevention

and intervention, and providing Veterans Crisis Line materials at community events. The Boise VAMC Suicide Prevention efforts included:

- 137 community outreach activities, including 36 presentations on the topics of suicide prevention, working with suicidal veterans, suicide risk assessment and intervention strategies.
- Outreach Highlights
  - VA Mental Health Summit, “Expect Recovery” on August 26, 2014. Approximately 100 community partners attended the conference.
  - Presented on Suicide and the Elderly at the 2014 Idaho Summit on Elder Abuse and Exploitation in Boise, Idaho on June 20, 2014.
  - Presented on Suicide Prevention and Intervention at the National Chaplains Conference held in Twin Falls, Idaho June 19, 2014.
- The Suicide Prevention Coordinator is a current member of Governor’s Council on Suicide Prevention; Board member for the Idaho Suicide Prevention Action Network; and participates on the Advisory Board for the Idaho Suicide Prevention Hotline.



The Idaho Lives Project is a joint project of the State Department of Education and the Suicide Prevention Action Network of Idaho. The Project is federally funded by the Garrett Lee Smith State and Tribal Youth Suicide Prevention Grant awarded through the Substance Abuse and Mental Health Services Administration on October 7, 2013. The mission of this three-year Project is to foster connectedness and resilience throughout Idaho school communities to prevent youth suicide.

The Idaho Lives Project's four overlapping programs create a comprehensive approach to youth suicide prevention in Idaho.

The **School Communities Program** brings *Sources of Strength*, an ongoing, comprehensive wellness program, and the most well-researched program of its kind, into Idaho middle/junior high and high schools to build connectedness and resilience among the students, and increase referrals and treatment of students at risk for suicide. Because students in crisis must have trained, trusted adults to turn to, the program also trains school staff and communities to identify, assist and refer those at risk.

In 2014, the Project provided *Sources of Strength* training to 14 schools statewide, including booster (second) trainings to 8 of those schools. Schools included Priest River Lamanna High School, Lapwai Middle/High School, Parma Middle School, Parma High School, Homedale High School, Nampa High School, Emmett High School, Frank Church High School (Boise), Silver Creek High School (Hailey), Pocatello High School, Preston Jr. High School, Preston High School, Salmon Middle/High School, and Teton High School (Driggs). Over 500 middle and high school students, and 70 school adult advisors were trained through this program. School staff members and community members also received training in suicide prevention. The Project trained 800 school staff and 154 community members in 2014. The majority (over 80%) of school staff participants and 85% of community members rated the training and its value to them as outstanding or above average.

Qualitative data from the *Sources of Strength* trainings have been overwhelmingly positive with several examples of students utilizing skills learned in trainings, positive changes in student behavior and students identified for risk of suicide.

The **Health Professionals Program** is based on the knowledge that trained adults must be able to refer youth and their parents to well-trained health professionals. This program brings expert, evidence-based suicide assessment and management training to behavioral health and primary care professionals throughout Idaho.

In 2014, M. David Rudd, PhD provided suicide assessment and management training to 485 behavioral health and primary care providers in six locations throughout Idaho. Trainings were provided in Coeur d'Alene, Lewiston, Caldwell, Twin Falls, Hailey and Idaho Falls. A large majority of training participants (approximately 90%) strongly agreed or agreed that they increased knowledge in the essential tools needed to accurately assess suicide risk and manage challenging scenarios in an effective manner.

Qualitative data for Dr. Rudd's trainings also has been overwhelmingly positive. The only concern expressed by participants is that they would like even more training time. In response, the Project has increased the duration of Dr. Rudd's upcoming sessions scheduled for February 2015.

The **Young Adults Program** addresses youth age 18 to 24 through outreach and training. The program provides suicide prevention training to young adult-serving agencies and groups, including college and university staff and students. It reaches out to businesses serving young adults with materials from the Idaho Suicide Prevention Hotline and targeted behavioral health messages including those through *Man Therapy*. College interns also participate in the School Communities Program.

The Project provided five suicide prevention trainings to over 100 staff and resident assistants at three colleges in 2014. Additionally, 16 suicide prevention trainings were provided to other groups of professionals who serve young adults. More than 200 professional were trained through these events. The Project also conducted outreach to 9,500 others serving youth with information related to prevention and intervention including, but not limited to, materials for the Idaho Suicide Prevention Hotline and for *Man Therapy*.

The **Juvenile Justice Program** provides *Shield of Care* suicide prevention training to juvenile justice facilities throughout the state. *Shield of Care* is evidence-based suicide prevention training tailored specifically to the juvenile justice environment. The Project provides ongoing technical assistance to these facilities and to the participants of all programs.

In early 2014, the Project, in partnership with the Idaho Department of Juvenile Corrections and the *Shield of Care* program, conducted a train-the-trainer event for mental health personnel from all 13 juvenile justice facilities in Idaho. Since that event, the Project has provided additional in-depth suicide prevention trainings to 73 staff at three facilities including those in Nampa, Twin Falls and Fort Hall.

The Idaho Lives Project continues to collect data to evaluate the effectiveness of its programs and to create program improvements to better serve the needs of Idaho youth. For more information about the Idaho Lives Project, visit [www.idaholives.org](http://www.idaholives.org).

A project of the State Department of Education and the Suicide Prevention Action Network of Idaho  
[www.sde.idaho.gov](http://www.sde.idaho.gov) [www.spanidaho.org](http://www.spanidaho.org)

*The Project is federally funded by the State and Tribal Youth Suicide Prevention Grant awarded through the Substance Abuse and Mental Health Services Administration.*

## **The Idaho State Department of Education: Alignment to Suicide Prevention Goals**

The Idaho State Prevention & Support Conference is hosted annually by the Idaho State Department of Education (SDE). The conference is a gathering focused on innovation, best practices, collective problem-solving and motivation to most effectively address youth risk behaviors, foster optimal health and realize academic success for Idaho students. The most recent conference was held in April, 2014, with workshops offering topics related to school safety planning, emergency operations, suicide prevention, law enforcement / school partnerships, drug and alcohol prevention, violence prevention, out of school programming and community engagement in schools. Participants included approximately 425 school counselors, teachers, administrators, school resource officers and community stakeholders.

A central focus for the 2014 conference was school safety, featuring a keynote address by Dr. Scott Poland, a premier expert on school violence, crisis response and suicide prevention. Research has emphasized the need for all students to feel a connection to their school and it is very important for each student to have a significant relationship with one or more adults at their school. Numerous school tragedies could have been prevented if students had come forward and alerted school officials and other adults about the warning signs of suicide and/or violence. The prevalence of bullying, school violence, and suicide requires that schools improve prevention efforts and Dr. Poland's keynote address specifically addressed how to help schools and communities develop and enhance their knowledge and understanding of serious risk factors for students and how to respond for the prevention of suicidal and violent behavior. Participants also learned effective strategies to improve mental health services for students and how to increase student involvement in school safety. The conference also hosted a break-out workshop about the importance of belongingness in school-wide suicide prevention, presented by a staff member from the Suicide Prevention Action Network of Idaho. These activities aligned closely with goals three and five of the Idaho Suicide Prevention Plan by educating the community and school professionals about appropriate suicide prevention activities and awareness.

During the 2014 legislative session, the Idaho legislature appropriated \$2,165,700.00 in funding to partially restore Safe and Drug Free schools money (HB 640). The dedication of these funds for substance abuse prevention and school safety improvements came about through the work of a safe and secure task force convened by the SDE. The SDE has been dispersing this funding to school districts for the provision of school safety improvements and/or prevention activities. In their applications for funding, many school districts identified suicide prevention as a district priority. In alignment and encouragement of the third goal in the Idaho Suicide Prevention Plan, the SDE has provided technical assistance and support for school districts regarding best practice programs about suicide prevention/response and additional school safety resources.

The tenth goal of the Idaho Suicide Prevention Plan focuses on the availability of data to make decisions regarding local and statewide prevention services. In collaboration with the Idaho Office of Drug Policy and the Idaho Department of Health and Welfare, the SDE assisted in the

development of the 2014 Idaho Youth Prevention Survey (IYPS) to address student attitudes toward use of alcohol, tobacco and other drugs; perceptions of school safety and climate; and emotional and physical health. Approximately 12,650 students participated in the survey, providing representation from at least one school in every Idaho district. The IYPS specifically questioned students about suicidal ideation and attempts, providing critical information for districts to understand and address student needs. Through additional questions regarding student emotional health, bullying, school safety and substance abuse, the IYPS also provided valuable information about other factors that can contribute to student suicidality. SDE staff presented information gleaned from the IYPS about students at-risk for suicide and other unhealthy behaviors at various trainings and meetings to ensure that the data is available to inform local and state suicide prevention practices.

Law enforcement and school officials are critical components in the development of a safe school community. Aligning with the fifth goal from the Idaho Suicide Prevention Plan to involve community members in the implementation of suicide prevention activities, the SDE worked with the U.S. Secret Service National Threat Assessment Center and the U.S. Attorney's Office to provide the "Safe Schools in Idaho Seminar" for law enforcement and school officials to cover the general principles of threat assessment in schools. Specifically, presenters addressed how to develop a threat assessment team within the school community to assess and identify students who pose a risk of violence or suicide, focusing on proactive prevention of school violence instead of the response to an event.

## **Idaho Council for Suicide Prevention**

### **Division of Behavioral Health Report 2014:**

#### **Idaho's First Community Crisis Center**

Idaho Legislature appropriated \$1.52 million in ongoing State general funds and \$600,000 in one-time federal money in the 2014 session for the Division of Behavioral Health to open and run one behavioral health crisis center in Idaho. Idahoans experiencing a behavioral health crisis often are incarcerated, hospitalized or treated in hospital emergency departments because an appropriate level of care to meet their needs is unavailable. The crisis center will be a place to go voluntarily and where people in crisis will be able to access services they need, get stabilized and leave with a treatment plan.

On June 26, 2014, Gov. C.L. "Butch" Otter announced Idaho Falls as the site for the behavioral health crisis center. Bonneville County graciously agreed to be the recipient of the contract with the state. They were able to quickly identify a building to buy for the crisis center. The crisis center is located on Anderson Street in Idaho Falls. Many community partners worked closely with Bonneville County to get the crisis center up and running. These partners included: Bonneville County Sheriff's Office, Idaho Falls Police Department, Eastern Idaho Regional Medical Center, the Department of Health and Welfare (DHW), Targhee Regional Public Transportation Authority, National Alliance on Mental Illness, Crisis Intervention Teams, public behavioral health providers and other interested community members. This team helped create a logo and brochure for the crisis center, as well as establishing a bus stop at the crisis center. The community has offered a lot of in-kind and financial donations, including an industrial washer and dryer. Bonneville County looked for and successfully hired a coordinator for the crisis center. The communities of eastern Idaho are excited to have this resource to help those in a behavioral health crisis to receive the help they need. The center will be accessible to all residents on a voluntary basis. The crisis center has been modeled on the best practices of other states where similar crisis centers have succeeded, and will follow Idaho Administrative Rule 16.07.30. It will operate around the clock, every day of the year and it is available to provide evaluation, intervention and referral for people experiencing a crisis because of serious mental illness or substance use disorder. The Behavioral Health Crisis Intervention Center of Eastern Idaho officially opened its doors on December 12, 2014. The ribbon cutting ceremony occurred on Monday, December 15, 2014. "We're grateful for the funding we received. We anticipate the information gathered from the center will demonstrate the effectiveness of the model and lead to the development of additional crisis centers in the state." said Ross Edmunds, administrator for the Division of Behavioral Health at the Idaho Department of Health and Welfare.

## **Certified Peer Specialists/Family Support Specialists**

The Division of Behavioral Health supports the use of Certified Peer Specialists as a qualitative and cost-effective way to extend the mental health workforce in Idaho. Certified Peer Specialists have lived experiences with mental health and substance use diagnoses. This lived experience helps them to model recovery and resilience to people who receive their services. From February 2009 through June 2014, a total of 176 individuals have completed training and passed the certification exam to qualify as Certified Peer Specialists. Certified Peer Specialists are employed in several Idaho programs: conducting Projects for Assistance in Transition from Homelessness (PATH) outreach; serving on Assertive Community Treatment (ACT) teams with Regional Mental Health Programs; providing support at State Hospital South; providing Critical Time Intervention (CTI) services through the Idaho Home Outreach Program for Empowerment (ID-HOPE); and as of this past year, providing peer support services at private agencies associated with Idaho's managed care entity, Optum Idaho. In June, the division finalized Idaho's first set of Peer standards. They address Peer Specialists, Family Support Specialists, and Peer Recovery Coaching. This recent set of standards represents national awareness and evidence-based practice by which Idaho's certification process and workforce growth will be addressed in the coming year. In the coming year, the division will be partnering with stakeholders, community leaders, and advocates to select a curriculum for Family Support Specialist training as well as establish a single certification entity.

## **Peer Support services as a Medicaid benefit**

The Division of Behavioral Health is currently working on several initiatives to help achieve the joint vision of the state and Optum Idaho to help people access the outpatient mental health and substance use services they need to reach recovery and resiliency. One key initiative that we are working on is introducing peer support services as a Medicaid benefit. A peer support specialist is a key part of a larger treatment plan for a member, overseen by a licensed clinician.

This is the first time that peer support services are being offered as a Medicaid benefit.

Their unique experience benefits members by:

- A. Supporting and educating members to be proactive in their care.
- B. Assisting members to develop a recovery plan and helping them in sustaining their recovery goals.
- C. Working with the existing peer support network to ensure members have access to peer support in their community.

## **Supporting Recovery in Idaho**

Idaho has developed the foundation for an RCO (Recovery Community Organization), named "Recovery Idaho." So far, we have an initial group of eight board members selected from a workgroup, with two more from the community who will hopefully be recruited soon and the potential to add others. The workgroup was developed at the end of a three-day workshop

facilitated by Connecticut Community for Addiction Recovery (CCAR). Recovery Idaho will encompass recovery from both substance use and mental health disorders. In addition, CCAR also facilitated training for recovery coaches, bringing Idaho's total number of recovery coach trainers to 25. In addition, the division sponsored Idaho's first recovery coach training with grant funding in May 2013. Since then, more than 200 recovery coaches have been trained, with coaches now located in every region of the state. Recovery Coaches act as personal guides and mentors for individuals that are working toward recovery from alcohol and substance use. Coaches help others overcome personal and environmental obstacles to recovery, and link them to community sources of support.

### **QA Practices to Support Suicide Prevention**

The Idaho Department of Health and Welfare Division of Behavioral Health (DBH) supports the goal to reduce or eliminate deaths by suicide within the State of Idaho. The DBH has a deep commitment to safety in behavioral healthcare and has initiated continuous quality improvement efforts to achieve that goal.

To support the goals of DBH the Quality Assurance unit (QA) has implemented several practices to assist with the achievement of this goal. These practices include the following systematic steps to enhance the safety culture:

- Regional Mental Health Programs, Optum Idaho and BPA report deaths by suicide of clients who received a service.
- Central Office QA tracks all suicides reported and reports results annually to the DBH Administrator.
- QA conducts a review of suicides
- QA requests that Root Cause Analysis (RCA) be completed by Regional Mental Health Programs for deaths within 30 days of service.
- QA recommends action plans as a result of RCA
- Changes to the existing policy regarding risk assessments
- New requirements related to risk assessment training



**1-800-273-TALK (8255)**

*A Program of Mountain States Group*  
**Accomplishments and Activities 2014**

The Idaho Suicide Prevention Hotline is committed to the prevention of suicide in Idaho. The Hotline is a program of Mountain States Group, a 501 (c) (3) non-profit organization. The Hotline provides crisis intervention, emotional support, resource referrals, and follow-up calls if needed to all Idahoans who are suicidal or in crisis. ISPH nears its third full year of operations, earning national accreditation with Contact USA, securing additional one-time United Way funding, training its 7<sup>th</sup> volunteer class, and is on schedule to achieve 24/7 phone response by late November 2014.

Idaho Suicide Prevention Hotline Call Statistics January 1 to September 30, 2014		
	3rd Quarter	Year to Date
Total Calls Received	734	1867
Military Members / Families	140	468
Rescue Calls (approximate)	30	100
Caller Age:		
10 - 14	26	76
15 - 19	87	215
20 - 24	53	155
25 - 34	85	195
35 - 44	37	111
45 - 54	70	185
55 - 64	123	383
65 - 74	21	62
75 - 84	10	16
85+	0	5
Didn't Report	222	464
<b>Total Calls Received</b>	<b>734</b>	<b>1867</b>

\*1st Quarter amount corrected from previous report

### *Volunteer and Staff Recruitment and Training*

In 2014 ISPH trained approximately 40 prospective volunteers in the ASIST (applied suicide intervention skills training) model. Approximately 50 volunteers are currently active as hotline Phone responders. In the first 3 quarters of 2014 volunteers contributed a total of 7660 hours, valued at \$145,690). To operate 24 hours per day/7 days per week with a minimum of 2 volunteer responders per shift, ISPH will need approximately 80 volunteer Phone Responders. All shifts require onsite supervision by a master's level clinician or equivalent. Initial overnight phone coverage will be provided by a paid supervisory staff person as we continue to train more responders and address the challenge of providing more robust overnight staffing. We have begun recruiting a separate cohort of non-phone worker volunteers or 'Hotline Ambassadors' to assist with community outreach and support tasks both in Boise and across the state and have provided quality display materials to our SPAN partners in the Coeur d'alene and Idaho



Falls areas. Information about volunteer opportunities, including the 2015 volunteer training schedule can be found here:

[www.idahosuicideprevention.org/volunteer/](http://www.idahosuicideprevention.org/volunteer/)

#### ***Facilities***

Our continued sincere thanks go to Jay Lugo, Executive Director of the Idaho Lions Sight and Hearing Foundation for their donation of their 2,200 square feet of space for an in-kind value since launch of \$26,000. The hotline installed 4 distinct Responder stations in its existing space, improving acoustics during increasingly busy shifts and expanding capacity for higher call volume and 24/7 service provision.

#### ***Hotline Data Capacity***

ISPH has now collected nearly 2 years' worth of data on calls through its *icarol* software. Responders gather multiple dimensions of demographic info from each caller such as age, zip code, ethnicity, history of military service and insurance information. Requests for statistics related to caller demographics should be directed to [jreusser@mtinstatesgroup.org](mailto:jreusser@mtinstatesgroup.org) with "request for Hotline statistics" in the subject line. The extensive ISPH resource database is periodically updated by staff & volunteers; if your agency receives an email from [noreply@icarol.com](mailto:noreply@icarol.com) please complete the form provided to ensure we have the best, most recent information about your agency or program to share with our callers. 'One-pagers' or distillations of ISPH quarterly reports are available here for reference and distribution:

[www.idahosuicideprevention.org/data/](http://www.idahosuicideprevention.org/data/)

#### ***Outreach***

The Hotline has distributed approximately 40,000 tri-fold wallet cards and several hundred bilingual marketing kits containing wallet cards, posters, rack cards, magnets and both small and bumper sized stickers throughout the state. Materials are available upon request by calling 208-258-6994, emailing [npounds@mtinstatesgroup.org](mailto:npounds@mtinstatesgroup.org) and including "request for Hotline marketing materials" in the subject line or downloading printer-ready PDF versions from our website:

[www.idahosuicideprevention.org/outreach/](http://www.idahosuicideprevention.org/outreach/)

A video PSA (thanks to the City of Meridian) is available here

<http://www.youtube.com/watch?v=1lCtJelcY4> for free distribution, and stylish Hotline logo/ phone number t-shirts are available via the ISPH website and our Facebook page:

[www.facebook.com/idahosuicideprevention](http://www.facebook.com/idahosuicideprevention). ISPH staff conducts ongoing outreach and dialogue with representatives from education, law enforcement and other first responders, the medical community, outpatient treatment providers, and advocacy organizations to ensure continuous collaboration and improved service provision.

#### ***Goals for the Next Year***

Top goals for the Hotline for 2015 include: Increasing volunteer staffing levels by training new Responder cohorts in February, May and October; continuing to pursue sustainable funding strategies, broadening the advisory/ fundraising board to include representation from throughout our state, and increasing the breadth and penetration of our marketing efforts and incremental implementation of text and chat response.

Special thanks goes out to our funders and partners, without whom this vital program would not have been possible: Idaho Department of Health and Welfare, Idaho Division of Veteran's Services, the Idaho State Legislature, SPAN-Idaho, U.S. Veterans Affairs, United Way of Treasure Valley, United Way of Kootenai County, United Way of Southeast Idaho, The Speedy Foundation, Idaho National Guard, Saint Alphonsus Regional Medical Center, Wells Fargo, Saint Luke's Regional Medical Center, Idaho Academy for Lawyers in Leadership, Idaho Emergency Medical Services Bureau, Ada County EMS, Meridian and Boise Police departments, and numerous other donors and supporters.

Matt Olsen

Director

**Bannock County Juvenile Justice**

The Idaho Basic Juvenile Probation Officer POST Academy has enhanced the curriculum in suicide prevention by increasing curriculum focus on recognizing the signs and symptoms of suicidal risk, as well as effective ways to respond when it is determined that risk exists. The new curriculum will be implemented in the next Juvenile Probation Officer POST Academy in December of 2014.

# The SHOSHONE-BANNOCK TRIBES



## COUNSELING & FAMILY SERVICES

P. O. BOX 306  
FORT HALL, IDAHO 83203  
PHONE (208) 237-5631  
LOCATION: MISSION ROAD  
FAX (208) 237-5796

## TRIBAL HEALTH & HUMAN SERVICES DEPARTMENT

P.O. BOX 306  
FORT HALL, IDAHO 83203  
FAX (208) 238-3940

October 3, 2014

Linda Hatzenbuehler  
Idaho State University  
Division of Health Sciences  
921 South 8<sup>th</sup> Ave., Stop 8055  
Pocatello, Idaho 83209-8055

RE: Idaho Council on Suicide Prevention

Dear Dr. Hatzenbuehler:

On behalf of the Shoshone-Bannock Tribes, as the manager for the Mental Health Program, I would like to report activities/events that our Tribe has provided and/or participated in this year to meet the goals of the Idaho Suicide Prevention Plan.

- Two mental health providers for the Tribe become Certified ASIST (Applied Suicide Intervention Skills Training) Trainers (Goal 4)
- Provided two, two day ASIST trainings to community members, 20 people completed (Goal 3 & 5)
- Hosted 1<sup>st</sup> Annual "Walk For Life" Suicide Awareness/Prevention activity- National campaign throughout Indian Country (Goal 1 & 2)
- Participated in THRIVE (Tribal Health Reaching Out Involves Everyone) media campaign to prevent suicide and bullying among American Indian/Alaska Native Youth (Goal 1 & 2)
- Disseminated Suicide Hotline information out to all the Tribes in Idaho and hang posters throughout the Indian Health Service Center and the community (Goal 8 & 1)
- Participated in the State Juvenile Justice grant, provided Mental Health screenings to 65% or more of adolescents entering the Fort Hall Corrections (Goal 4 & 6)

Respectfully,

Krissy Broncho, LCSW  
CFS Manager/Clinical Coordinator

## **NAMI Idaho**

On September 20, 2014, NAMI Idaho held their quarterly Regional Conference in Coeur d'Alene Idaho. Because of NAMI Idaho's recognition of the importance of suicide prevention within the state, and our formal position that suicide prevention is the responsibility of the entire community and requires vision, will, and a commitment from the state, communities and individuals of Idaho, a formal Question, Persuade, Refer (QPR) training was included in the conference schedule. The QPR (Question, Persuade, and Refer) Gatekeeper Training for Suicide Prevention is a brief educational program designed to teach "gatekeepers"---those who are strategically positioned to recognize and refer someone at risk of suicide (e.g., parents, friends, neighbors, teachers, coaches, caseworkers, police officers)--the warning signs of a suicide crisis and how to respond by following three steps:

- Question the individual's desire or intent regarding suicide
- Persuade the person to seek and accept help
- Refer the person to appropriate resources

More than 25 individuals were trained on warning signs and referral techniques for use in their communities. It is hoped that this training can be incorporated into all future NAMI Idaho Regional Quarterly Conferences within the state of Idaho.

### ***2014 QPR Community Support Funded by Governor's Council on Suicide Prevention***

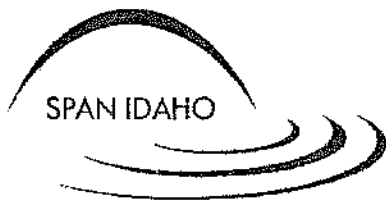
Question, Persuade and Refer (QPR) is a short training designed to teach individuals how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. This year the Council provided 472 QPR training booklets, free of charge, to five trainers who would otherwise have had to charge attendees or pay out of their own pocket.

The Suicide Prevention Council also funded recertification of six (6) QPR Trainers ( from all corners of the state of Idaho). Below is a list of the individuals recertified and the conditions agreed upon in exchange for the funding.

#### **The following QPR Instructors were recertified with Council Funds:**

1. Jeni Griffin- Idaho Falls, ID
2. Kim Kane- Boise, ID
3. Penelope Hansen- Boise, ID
4. Kristin Gorringer- CDA, ID
5. Kim Jardine-Dickerson- Idaho Falls, ID
6. Cynthia Mauzerall - Boise, ID

- 1. Conduct a minimum of 3 QPR trainings within the first year starting at the recertification date.*
- 2. Each QPR training must have a minimum of at least ten (10) participants, not including the trainer.*
- 3. The QPR trainer needs to send a report via e-mail to the Council of dates, times, locations, and number of training participants of each QPR training.*



## SUICIDE PREVENTION ACTION NETWORK OF IDAHO

### ACTIVITIES AND ACCOMPLISHMENTS

October 2014

#### Overview

SPAN Idaho is a suicide prevention organization founded in 2002 as a 501 (c) (3) nonprofit organization. Our mission is to provide leadership for suicide prevention in Idaho. At the state level, SPAN Idaho comprises a volunteer board of directors and two part-time staff, with established chapters in each of the seven Idaho Department of Health and Welfare (IDHW) regions to carry out statewide suicide prevention awareness activities and to respond at a community level. From its beginning, Span Idaho as a grassroots organization has encouraged and recognized the importance of regional and local involvement to prevent suicide. With the help of our chapters and other organizations, SPAN Idaho works to have zero suicides in our state.

#### Most Recent

In partnership with Idaho State Department of Education (SDE), SPAN Idaho received the Garrett Lee Smith Memorial Act (GLSMA) grant administered by the substance Abuse and mental Health Services Administration (SAMHSA) to target youth, ages 10-24 in suicide prevention in October of 2013. The Idaho Lives Project (ILP), which will reach more than 31,000 individuals over the three-years of the grant, with training for youth, school staff, community adults along with health and mental health providers in effective response to suicidal youth. All goals of the project align with the goals of the Idaho Suicide Prevention Plan (ISPP) and the National Strategy for Suicide Prevention (NSPP). More about this project is included in this current report.

#### Training and Awareness

SPAN Idaho and its chapters consistently provide or co-host a variety of community activities to educate the public about suicide and suicide prevention. For instance, we

- Offer training for clinicians, survivors, police/sheriff departments, and anyone interested in suicide prevention. As of September 2014, SPAN Idaho's annual statewide conferences the last thirteen years have trained approximately 2,500 participants in suicide prevention skills. Our most recent conference, held in September 2014, Dr. Thomas Joiner one of the world's leading experts in suicide prevention shared his expertise to a group of mental health professionals, clergy, school personnel, survivors, law enforcement, and community leaders. His valuable and up to date, best practices training, educated more than 150 individuals in suicide prevention.
- Developed and conducted presentations and trainings on suicide and suicide prevention for the Idaho Department of Labor, Idaho Criminal Justice Commission, IDHW Children's Mental Health, Idaho Juvenile Justice, Idaho State Tax Commission, Hispanic Commission, Idaho National Guard, schools, parent groups, clergy, and other community groups.
- Hold regional annual Save-the-One Memorial Walks to raise awareness and support survivors.
- Provide materials at community events and gatherings to share suicide warning signs and other prevention measures.

In addition to the above statewide initiatives, our Chapters have conducted many projects on their own, including providing suicide prevention messages on radio, television, and billboards; joining other agencies to discuss and respond to area suicides; training area school staffs and law enforcement and others in suicide prevention; and meeting monthly to plan and promote suicide prevention activities.

### *New and Ongoing*

- We maintain a highly informative and well-regarded website.
- We fulfill requests for information and resources on-line and on the phone to include highly sensitive calls.
- We act as a conduit for suicide prevention information locally, statewide, and nationally and engage and collaborate with other groups, including the Veteran's Administration, 211 Careline, the Commission on Aging, RADAR, SDE, IDHW and others. Nationally, SPAN Idaho engages with the major suicide prevention groups, participates in conferences and webinars, and writes articles, to exchange best practice information, data and ideas.
- We provide information packets to suicide survivors through the Idaho Funeral Directors Association and county coroners as well as to suicide survivors on request to support the grieving and healing process.
- We offer suicide survivor support groups regionally.
- We distribute materials to the general public at community events.
- We offer QPR training and specific suicide prevention training to groups upon request.
- We provide information and guidance to high school and college students for their projects.
- We are members of the Idaho Council on Suicide Prevention and collaborate to carry out activities.
- We continually review suicide prevention research and best practices to develop programs and distribute relevant information statewide on a regular basis.
- We continue to foster a relationship with the Idaho Hotline and have provided assistance with the development of a state-wide resource list for its callers. We distribute Hotline information packets with the help of SPAN regional chapters.
- We work to implement the Idaho State Suicide Prevention Plan with the ICSP and coordinate efforts in Idaho communities to introduce the National Suicide Prevention Plan and bring more attention to national and local suicide prevention efforts.
- To implement and evaluate the Idaho Lives Project aimed at identifying, intervening with and referring students at risk for suicide.
- Developing a SPAN chapter in Fort Hall and working with tribal members there.

### *Upcoming*

- To publish and distribute a statewide newsletter, tailored to communities, to promote suicide prevention awareness and activities.
- To increase suicide awareness activities on college campuses.
- To continue training specific groups in suicide prevention and survivor support including target groups such as first responders, clergy, mental health and health care providers, school personnel, aging services staff, corrections personnel, parents and others.
- To encourage growth in regional chapters.



## MENTAL HEALTH FIRST AID SCHEDULE 2014-2015

Month	Place	Location	Reg.
Aug. 25 <sup>th</sup> 26 <sup>th</sup>	Salmon, Idaho	Public Library 204 Main St.	7
Sep. 18 <sup>th</sup> 19 <sup>th</sup>	Sandpoint, Idaho	Bonner General Hospital 520 N 3rd Ave. Sandpoint, Idaho 83864	1
Oct. 2nd 3rd	Idaho City, Idaho	Idaho City Community Hall 206 West Commercial Idaho City, Idaho	4
Nov. 6th 7th	Grangeville, Idaho	Real Life Church(The Gym) 1005 E Main St Grangeville, Idaho	2
Dec.			
2015			
Jan.			
Feb. .5 <sup>th</sup> 6 <sup>th</sup>	3402 Franklin Rd. Caldwell, Idaho <span style="color: blue;">Spanish Edition</span>	IDHW 3402 Franklin Rd Caldwell, Idaho 83605	3
Mar. .19 <sup>th</sup> 20 <sup>th</sup>	Weiser	TBD	3
Apr. 16 <sup>th</sup> 17 <sup>th</sup>	Montpelier, Idaho	Bear Lake Memorial 164 S. 5th St. Montpelier, Idaho 83254	6
May 14 <sup>th</sup> 15 <sup>th</sup>	Shoshone, Idaho	TBD	5
Jun.	Duck Valley Indian Reservation	???????	3
July 30 <sup>th</sup> 31 <sup>st</sup>		TBD	

Here is the schedule for the rest of this year and next year. The Duck Valley Indian Reservation will be getting back to me on if they want June or July.



## **The Speedy Foundation and Optum offer Mental Health First Aid Training Sessions throughout Idaho.**

**About the partnership:** The Speedy Foundation, an organization dedicated to preventing suicide through education and outreach in the community, has partnered with Optum Idaho to offer free Mental Health First Aid (MHFA) training courses throughout the state. Through this partnership, The Speedy Foundation is funding 10 training sessions taught by certified Mental Health First Aid instructors from Optum Idaho.

**Mental Health First Aid training course:** The day-and-a-half long course teaches participants how to recognize the most common signs of mental illness, how to identify warning signs that indicate an individual may be at risk of harm or suicide, listen non-judgmentally, give reassurance and encourage the person to seek professional help.

- MHFA training is similar to First Aid training where participants learn CPR or the Heimlich maneuver.
- MHFA participants learn an action plan to assist someone suffering from a mental health, emotional or substance use issue.
- The partnership is focused on offering MHFA training in rural areas where people may have limited access to mental health resources. The goal is to give people in these communities the tools to identify and support individuals in distress.
- These MHFA courses are open to anyone; the training is especially helpful for teachers, social workers, religious leaders, first responders, coaches, law enforcement and others who work with or support the public.

**Upcoming training courses:** From the inception of The Speedy Foundation and Optum Idaho partnership in June 2014, trainings have been held in Salmon, Sandpoint and Idaho City. Future trainings are targeted for Grangeville, Montpelier, Weiser, Shoshone and the Duck Valley Indian Reservation. A class for Spanish speakers is being planned for Caldwell.

**More information:** More information on the training and course registration can be found at [www.thespeedyfoundation.org](http://www.thespeedyfoundation.org) or at [www.optumidaho.com](http://www.optumidaho.com)

## **Teen Suicide Prevention & Mental Health Discussions Model**

The pilot Teen Suicide Prevention & Mental Health Discussion session was held in April 2014. About 15 teens attended, responding to notices placed on websites, information distributed to school counselors, advocacy groups, and word of mouth.

The pilot project was offered in the Treasure Valley to obtain a convenience sample of comments and to test the model for potential duplication in other areas of the state in subsequent years. Lessons learned are listed below.

Council member Amanda Wester and her mother, Laura, and Council Member Ann Kirkwood organized the event over a 3-month period. Amanda's involvement was essential as she kept the program grounded in the interests and needs of teens. Laura prepared letters to parents, school counselors, the flyer and posted the information on many websites frequented by teens in the Treasure Valley. Both Amanda and Laura maintained working relationships with SPAN Boise and the Idaho Federation of Families for Children's Mental Health. Ann was responsible for securing a location, preparing a facilitator's guide, training the facilitators, and making arrangements for refreshments.

The Council budgeted \$800 for the event. Because the session did not meet state requirements for food purchase, IDHW was not able to cover costs of food. As a result, with Kathie Garrett's assistance, the Federation of Families generously purchased pizza and drinks for the event. Dessert was made up of M&M's, a popular addition to the menu! Idaho State University, Meridian Health Science Center, generously donated space for the event, avoiding the need to rent a location. As a result, there were no costs charged to the Council's budget. IFFCMH and ISU were listed as event co-sponsors.

Ann also approached ISU to provide facilitators from among its Masters in Counseling students and one student (Cheyenne Jones) volunteered for the project. Amanda and Susan Delyea from IFFCMH also served as facilitators. Two professional counselors also were approached to volunteer, but arrangements fell through the day before the event. As a result, Cheyenne's expertise in counseling was needed to support one teen who, while not suicidal, had a history of mental health concerns.

Teens 16 and older were allowed to register online. They provided their addresses and a letter was sent to their parents/guardians before the event. The letter notified parents/guardians that their child had signed up and described the purpose of the session. Parents were encouraged to speak with their teens before and after the event. We received no responses or concerns from parents about the event.

Highlights from the teens' comments were:

- We don't feel heard by adults, including parents, teachers, church leaders, etc.
- Adults dismiss and blow off their feelings because they "aren't as important" as whatever it is that adults have going on.

- We want adults to really listen, not judge, be understanding and not give up when teens say they are OK, when it still seems like they aren't.
- We want adults and the media to stop portraying mental health issues as a negative thing.
- State/Federal agencies should offer better funding for mental health, better access to information and resources, and more programs/services tailored to teens, including after-school groups or other ways to reduce stigma about mental health/suicide issues.
- Programs should focus more on mental health and reducing stigma (than on suicide).
- Teachers and schools need to understand the importance of mental illnesses in students, especially after psychiatric hospitalization (4 of 5 in one discussion group had been hospitalized for an attempt, and they felt it was because they did not have care for their mental illnesses).
- There needs to be more state funding to create programs for reintegration into the community after hospitalization.
- Some teens become suicidal themselves after having to "be strong" for friends who are suicidal.

#### Lessons Learned:

- Start early – 3 months in advance
- Make sure you're not competing with other activities (e.g. prom, sporting events, testing weeks, etc.)
- Send reminders to teens the day before
- Keep the event at 1-1/2 hours (5:30-7), with 15 minutes for talking during the pizza meal. Be prepared to go a bit longer **if** teens aren't done talking.
- Introduce the evening to the teens at the start, but **do not** teach or lecture **(It is important NOT to teach/lecture them; the purpose is to get their unfiltered comments from their own point of view.)**
- Include a get-acquainted activity; have your teen organizer come up with the idea and do the exercise
- At close, be sure to let them know how/where to get help, how their comments will be used, and let them know to leave their email addresses if they want to get reports back on what happens with their input. Leave them with a message of hope.
- It is important to "close the loop" with teens by emailing thank you notes, and periodic updates on how you are using their comments to make changes they recommended. If you do not respond to them, it will add to their alienation from adults in their lives.
- Involve teens in planning... **make sure they have responsible roles**
- Spend time determining where area teens get their information and publicize at those locations/on those online venues; also send letters to school counselors or other adult gatekeepers to request that they recruit teens
- The event can be done through donated funds for food and venue. It takes more time to pull that together, however
- Teens felt it is best to select a location off of school grounds
- Confirm well in advance and periodically thereafter that professional counselors will be on hand at the event. Volunteers may back out at the last minute, so have a back-up plan.
- Have a standard facilitator's guide and train facilitators on what to use as "prompt questions" to elicit rich feedback. Facilitators need to be consistent.

- Select facilitators who are young adults so that teens will feel comfortable
- Ask facilitators to do the "report outs" from groups to summarize the discussions so the entire group can discuss further
- Older adults should leave the room during facilitated discussions
- Tell teens that the counselors are on hand and where they will be if help is needed; have the counselors agree to stay at least a half hour after close
- Don't get too large; our event was just the right size for an intimate discussion (3 groups of 5). We could have expanded to a fourth group of 5, but would not want to go larger than that

The following page is the Facilitator's Guide used for the discussions.

## Facilitator's Guide: Teen Focus Group

### See Facilitator Survey Below

4/29/14

Your Name: \_\_\_\_\_

Your email address: \_\_\_\_\_

1. Show of hands: Does a teen you know have a mental health problem, such as depression, anxiety or bipolar disorder?  
\_\_\_\_\_ # YES                      \_\_\_\_\_ #NO
2. Voting-- Can vote for as many as they want: What kinds of mental health problems?  
# \_\_\_\_\_ depression?  
# \_\_\_\_\_ anxiety?  
# \_\_\_\_\_ bipolar disorder?  
# \_\_\_\_\_ schizophrenia?  
# \_\_\_\_\_ ADHD?  
# \_\_\_\_\_ developmental disability/mental retardation?  
# \_\_\_\_\_ trauma?  
# \_\_\_\_\_ Other: \_\_\_\_\_  
# \_\_\_\_\_ Other: \_\_\_\_\_  
# \_\_\_\_\_ Other: \_\_\_\_\_
3. Show of hands: Has a teen you know **thought about** killing themselves?  
\_\_\_\_\_ # YES                      \_\_\_\_\_ #NO
4. Show of hands: Has a teen you know **attempted** killing themselves?  
\_\_\_\_\_ YES                      \_\_\_\_\_ NO
5. Show of hands: Has a teen you know **killed themselves**?  
\_\_\_\_\_ YES                      \_\_\_\_\_ NO
6. How do you see adults reacting when someone admits to having a mental health problem?  
(can be personally, on TV, in the news, etc.)
7. Among teens you know who thought about killing themselves, what kinds of things do you think could have helped them? **AND Why?** ("you know" can mean someone at your school or church or in another organization or someone you know well – it does not include people you hear about on TV or in the news)
8. What would you tell a teen do when a friend confides in them about suicide? **AND Why?**
9. What kinds of help do teens need when they or a friend of theirs is in crisis? **AND Why?**

10. What are the key things you want adults to **know about** suicide among teens? **AND Why?**
11. What are the key things you want adults to **DO** about suicide among teens? **AND Why?**
12. Why were you interested in coming here tonight?
13. Is there anything else you want to tell us that we haven't asked about?

**NOTES TO FACILITATORS:**

- The input needs to be as detailed and dense as possible.
- Please take complete, detailed notes that are legible.
- If your handwriting is hard to read, please stay afterward and make it clear so the person who writes the final report can read it easily.
- If you are not getting robust discussion, use the following:

**Prompts**

Tell me more....  
How would that work...  
What would the desired outcome be...  
How would that help...  
How does that make people feel...  
What would that mean for teens...

**QUESTIONS FOR FACILITATORS: Please complete the following...**

1. Do you think the teens felt heard and valued?  
\_\_\_\_\_ Yes                      \_\_\_\_\_ No
2. Why?
3. How would you recommend the focus groups be improved if they're done again?